

4970

## CERTIFICATE OF DEATH

Reg. Dist. No. 265

## 1. PLACE OF DEATH:

COUNTY Somerset MARYLAND  
 CITY (If outside corporate limits, write RURAL and give nearest town)  
 OR TOWN Crisfield LENGTH OF STAY (in this place)  
 8 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS 79 McCready Hospital

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Somerset  
 CITY (If outside corporate limits, write RURAL and give nearest town)  
 OR TOWN Crisfield 39  
 STREET ADDRESS Main St., Ext.

## 3. NAME OF DECEASED:

(First) ELIZABETH(Middle) BEATRICE(Last) HANDY

## 4. DATE OF DEATH:

(Month) May (Day) 6 (Year) 1955

## 5. SEX:

Female6. COLOR OR RACE: colored7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married8. DATE OF BIRTH: Nov. 28, 19349. AGE last birthday: 20IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: laborer10b. KIND OF BUSINESS OR INDUSTRY: Seafood Industry11. BIRTHPLACE (State or foreign country): Crisfield, Md.12. CITIZEN OF WHAT COUNTRY? USA

## 13. FATHER'S NAME:

Mervin Christy

## 14. MOTHER'S MAIDEN NAME:

Mabel White15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) no16. SOCIAL SECURITY NO.: 220-28-4566 17. INFORMANT & ADDRESS: Mervin Christy—Main St., Ext.—Crisfield, Md.

## 18. MEDICAL CERTIFICATION

## 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

355X  
Immediate cause(a) Cerebral Hemorrhage - Interval Between Onset And Death 2 daysAntecedent causes (s)  
Diseases or conditions, if any, giving rise to the above cause, stating the underlying cause last.(b) Expanding hemorrhage in brain 2 weeks(c) 

## 11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

## 19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

## 20. AUTOPSY?

Yes  No 

21. ACCIDENT (Specify)	PLACE (Home, farm, factory, street, of office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
SUICIDE				
HOMICIDE				

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Sept. 24, 1955, to Sept. 25, 1955, that I last saw the deceased alive on Sept. 25, 1955 and that death occurred at 10:00 p.m., from the causes and on the date stated above.

SIGNATURE S. M. Peyton M.D. ADDRESS Crisfield, Md. DATE SIGNED Sept. 25, 1955

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF <u>May 9, 1955</u>	NAME OF CEMETERY OR CREMATORIAL <u>Lawsonia Cemetery</u>	LOCATION (City, town, or county) <u>Crisfield, Md.</u> (State)
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DATE RECD BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE <u>Betty W. Tyler</u>	FUNERAL DIRECTOR <u>Bradshaw &amp; Sons-531 Main St.—Crisfield, Md.</u>	ADDRESS
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MAY 12 1955

BUREAU V. 8

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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265

4971

## CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY 39	Somerset	MARYLAND	STATE Maryland		
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Crisfield		LENGTH OF STAY (in this place) lifetime	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield		
HOSPITAL OR INSTITUTION OR STREET ADDRESS 50		STREET ADDRESS Mariners Section			
3. NAME OF DECEASED: (Type or Print)	(First) CORNELIA	(Middle) FRANCES	(Last) McCREADY		
4. DATE OF DEATH:	(Month) May	(Day) 24	(Year) 165		
5. SEX: female	6. COLOR OR RACE: white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed	8. DATE OF BIRTH: Sept. 28, 1868		
9. AGE last birthday: 86 yrs.		10. IF UNDER 1 YEAR Months Days Hours Min.			
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): housewife		10b. KIND OF BUSINESS OR INDUSTRY: Domestic	11. BIRTHPLACE (State or foreign country): Crisfield, Md.		
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME: William Rayfield			
14. MOTHER'S MAIDEN NAME: Isadore Ward		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no			
16. SOCIAL SECURITY NO.: —		17. INFORMANT & ADDRESS: Mariners Section Mrs. Len Sterling— Crisfield, Md.			
18. MEDICAL CERTIFICATION					
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 422-1 Immediate cause (a) <i>Aremia, Acute Dil of Heart</i> DUE TO _____ Antecedent causes (s) (b) <i>Lehsomic myocaditis, Chronic Dut nephritis</i> Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO _____ (c) <i>General Arteriosclerosis</i> DUE TO _____					
2. Interval Between Onset And Death 2 yrs					
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION:		19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY ? Yes <input type="checkbox"/> No <input type="checkbox"/>					
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) OF INJURY	(Day) m.	(Year) 1955	(Hour) 6:20 a.m.	INJURY OCCURRED While at Work <input type="checkbox"/> At Work <input type="checkbox"/>	HOW DID INJURY OCCUR ?
22. I hereby certify that I attended the deceased from <i>May 23, 1955</i> , to <i>May 14, 1955</i> , that I last saw the deceased alive on <i>May 23, 1955</i> , and that death occurred at <i>6:20 a.m.</i> , from the causes and on the date stated above. SIGNATURE <i>George C. Coulton, M.D.</i> (Degree or title) <i>Emerson Sta. Md.</i> ADDRESS DATE SIGNED <i>5-25-55</i>					
23. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>		DATE THEREOF May 26, 1955	NAME OF CEMETERY OR CREMATORIAL Sunnyridge Cemetery	LOCATION (City, town, or county) Crisfield, Md.	(State) 5-25-55
DATE REC'D BY LOCAL REGISTRAR 5-25-55		REGISTRAR'S SIGNATURE <i>Nellie D. Payne</i>		24. FUNERAL DIRECTOR Bradshaw & Sons—531 Main St.—Crisfield, Md.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct  
age is especially important. Physicians: please write the causes of death clearly and legibly.

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MAY 21 1995

BUREAU W. S.

4972

## CERTIFICATE OF DEATH

Reg. Dist. No. 261

1. PLACE OF DEATH: COUNTY <i>Somerset</i> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <i>Md.</i> COUNTY <i>Somerset</i>	
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN <i>Marien Station</i>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>Marien Station</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>100</i>		STREET ADDRESS (If rural give location)	
3. NAME OF DECEASED: (Type or Print)	First: <i>Louise</i>	(Middle) <i>C.</i>	Last: <i>Whittington</i>
4. DATE (Month) OF DEATH: <i>May 13</i>	(Day) <i>13</i>	(Year) <i>1955</i>	
5. SEX: <i>Fe.</i>	6. COLOR OR RACE: <i>Col.</i>	7. SINGLE, MARRIED. WIDOWED, DIVORCED. (Specify) <i>Married</i>	8. DATE OF BIRTH: <i>Sept. 19, 1885</i>
9. AGE last birthday 69 yrs.	10. KIND OF BUSINESS OR INDUSTRY: <i>Canary factory</i>	11. BIRTHPLACE (State or foreign country): <i>Marien Sta., Md.</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>
13. FATHER'S NAME: <i>Jeffrey Whittington Hayman</i>		14. MOTHER'S MAIDEN NAME: <i>Louise (2). Ballard</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <i>No.</i>		16. SOCIAL SECURITY NO.	
17. INFORMANT'S ADDRESS: <i>Mary Whittington, Marien Sta., Md.</i>		18. MEDICAL CERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <i>422.2</i>		INTERVAL BETWEEN ONSET AND DEATH <i>10 days</i>	
IMMEDIATE CAUSE <i>acute Dil. of heart - Uremia</i>		DUE TO <i>(A) Chronic myocarditis - Leukosis but Nephritis</i>	
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.		DUE TO <i>(B) (C)</i>	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION: <i>19B. MAJOR FINDINGS OF OPERATION</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) <i>INJURY OCCUR?</i>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <i>M.</i>		21E. INJURY OCCURRED White <input type="checkbox"/> Not white <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>May 3, 1955</i> , to <i>May 13, 1955</i> , that I last saw the deceased alive on <i>May 10, 1955</i> , and that death occurred at <i>6:00 A.M.</i> from the causes and on the date stated above. SIGNATURE <i>George C. Brulhorn, M.D.</i>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <i>Burial</i>		DATE THEREOF <i>May 16, 1955</i> NAME OF CEMETERY OR CREMATORIAL <i>Patent Chapel</i> LOCATION (City, town, or county) (State) <i>Marien Sta., Md. - Son. C. Md.</i>	
DATE REC'D BY LOCAL REGISTRAR <i>May 14, 1955</i>		REGISTRAR'S SIGNATURE <i>Nellie W. Payne</i> FUNERAL DIRECTOR <i>Charles H. Ward - Marien Sta., Md.</i> ADDRESS <i>Box 235.</i>	

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MAY 13 1968

BUREAU V. S.